HOME AND COMMUNITY-BASED WAIVER PROGRAM REPORT

(FY2008 Appropriation Bill - Public Act 123 of 2007)

February 1, 2008

Section 1689: (1) Priority in enrolling additional persons in the Medicaid home- and community-based services waiver program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided home- and community-based services. The department shall use screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served by the Medicaid home- and community-based services waiver program. (2) Within 30 days of the end of each fiscal guarter, the department shall provide a report to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies that details existing and future allocations for the home- and community-based services waiver program by regions as well as the associated expenditures. The report shall include information regarding the net cost savings from moving individuals from a nursing home to the home- and community-based services waiver program, the number of individuals transitioned from nursing homes to the home- and community-based services waiver program, the number of individuals on waiting lists by region for the program, and the amount of funds transferred during the fiscal guarter. The report shall also include the number of Medicaid individuals served and the number of days of care for the home- and community-based services waiver program and in nursing homes. (3) The department shall develop a system to collect and analyze information regarding individuals on the home- and community-based services waiver waiting list to identify the community supports they receive, including, but not limited to, adult home help, food stamps, and housing assistance services and to determine the extent to which these community supports help individuals remain in their home and avoid entry into a nursing home. The department shall provide a progress report on implementation to the senate and house appropriations subcommittees on community health and the senate and house fiscal agencies by June 1, 2008.



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH FY 2007 BOILERPLATE REPORTING REQUIREMENT

Progress on Medicaid Home and Community-Based Services Program FY 2008 First Quarter Report Section 1689(2)

The table below identifies the requisite information for each MI Choice Waiver agency for the first quarter of Fiscal Year 2008. A total of \$123 million is allocated for FY 2008. The level of expenditure for each agency during the period is indicated as it appears on the Financial Status Reports. The reported expenditures reflect prospective reimbursements, with each agency being cost settled at the end of the year. A total of \$27 million has been expended to provide 36,972 days of service to 7,433 program participants during the reporting period. That compares to 2,043,958 days of service to 26,616 Medicaid beneficiaries in nursing facilities.

The number of persons transitioned from nursing homes to the MI Choice Waiver is presented in the table along with their associated total number of days in the waiver. A total of 113 persons were transitioned during the quarter and each person was covered for an average of 45 days in the waiver. The rate of persons transitioning from nursing facilities to home-and community-based services is increasing, largely in response to process improvements by the agencies and an emphasis from the department in preparing to implement the provisions of the federal Money Follows the Person Rebalancing Demonstration that was part of the Deficit Reduction Act of 2005. It is estimated that these transitions have saved nearly \$550,000 for the fiscal quarter. This is based on the difference between the average daily nursing facility reimbursement rate and the daily rate experienced by the waiver agencies applied to the number of transition days.

There were 3,705 persons reported on wait lists for the MI Choice program, with fully 80% of these located in regions in southeastern Michigan. It is the first quarter that the wait lists have been maintained by the Long-Term Care Connections in the four pilot areas of the state.

		FY 2008	FY 2008		Participant	-		Days Transitioned	Calculated	
Region	Waiver Program	Allocation	Expenditures	Served	Days	Day	YTD	YTD	Savings	Wait List
1A	Detroit-Wayne LTCC									969
	Detroit AAA	12,846,622	2,697,300	773	67,501	39.96		381	43,506.29	
1B	AAA 1-B	15,074,748	3,272,110	821	70,859	46.18	9	570	61,543.69	954
	MORC	4,481,897	943,927	269	24,650	38.29	4	204	23,634.62	292
1C	Senior Alliance	3,033,659	688,724	219	18,892	36.46	3	108	12,710.88	612
	The Information Center	2,997,875	616,384	174	10,962	56.23	11	618	60,514.57	81
2	Region 2 Area Agency on Aging	5,109,440	1,258,172	363	30,406	41.38	3	177	19,960.30	121
3	Southwest Michigan LTCC									81
	Burnham Brook Center	8,233,240	2,034,627	590	49,133	41.41	1	38	4,284.06	
	Senior Services	3,186,822	729,025	183	15,256	47.79	11	381	40,524.32	
4	Region IV AAA	5,898,571	1,403,682	404	35,017	40.09	3	78	8,896.95	
5	Valley AAA	3,894,042	883,497	259	22,347	39.54	0	0	0.00	61
6	Tri-County Office on Aging	7,940,393	1,864,076	413	35,570	52.41	15	834	84,853.91	75
7	Region VII AAA	5,581,473	1,382,279	396	32,809	42.13	1	32	3,584.58	31
	A & D Home Health Care	5,300,227	1,237,298	339	28,249	43.80	14	514	56,719.61	67
8	West Michigan LTCC									224
	AAA of Western Michigan	7,584,924	1,677,303	461	38,276	43.82	8	374	41,262.63	
	Home Health Services, Inc.	7,727,277	1,254,948	269	23,211	54.07	0	0	0.00	
14	Senior Resources	6,110,632	1,288,094	410	35,110	36.69	2	14	1,644.46	
9	NEMSCA Northern Michigan Regional Health	3,099,953	757,822	211	17,686	42.85	6	229	25,487.80	
	System	2,085,083	497,526	118	9,828	50.62	1	22	2,277.57	13
10	AAA of Northwest Michigan Northern Lakes Community Mental	3,030,604	595,717	171	11,724	50.81	3		7,853.64	47
	Health Authority	2,441,574	633,857	154	13,327	47.56	3	119	12,683.89	
11	Upper Peninsula LTCC									34
	Upper Peninsula AAA	7,397,949	1,920,338	436	36,972	51.94	8	351	35,875.30	
	Total	123,057,005	27,636,706	7,433	627,785		113	5,120	547,819.07	3,705
	Nursing Facilities	1,554,146,800	239,317,832.40	26,616	2,043,958					